



**Eau Claire City - County
Health Department**

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SPECIAL EVENT CAMPGROUND APPLICATION

Chapter DHS 178.21 - Campgrounds

(This application must be submitted to the Eau Claire City/County Health Department at least 7 days prior to the event)

1. Name of Event: _____

2. Location of Campground: _____

3. Date of Camping: _____ Duration of event: _____ days

4. Name of Campground Licensee _____
(Phone) _____

5. Mailing Address of Licensee: _____

(Street/P.O.Box) (City) (State) (Zip Code)

6. Number of campsites provided: _____

7. Number of toilets to be provided (see table on back):

Permanent Vault toilets (privies):	_____ females	_____ males	_____ urinals
Portable toilets:	_____ females	_____ males	_____ urinals
Flush toilets:	_____ females	_____ males	_____ urinals

8. Name of licensed disposer servicing portable toilets: _____

9. Water supply source: _____ Municipal _____ Well on site _____ Tankers from off-site
Name of off-site tanker source _____

10. Name/address of garbage removal service: _____

(Name) (Street/P.O.Box) (City) (State) (Zip Code)

11. License Fee (check one):
____ \$255 (1-50 sites) ____ \$363 (51-100 sites) ____ \$395 (Over 100 sites): Total # of Sites _____

12. Attach or provide a site drawing (see back). Designate the location of the following on the plan:

*Water Wells *Toilet Facilities *Water Supply Outlets *Garbage Containers

Signature of Applicant _____
(Name) (Title)

Required Numbers.

1 toilet per every 125 males

1 toilet per every 65 females

Assume 6 people maximum per site

1 water supply outlet must be provided within 400 feet of each site

Toilets must be no closer than 75 feet nor farther than 400 feet from each campsite

Attach a site drawing or provide one here. Show the location of the following on the plan:

***Water Wells *Toilet Facilities *Water Supply Outlets *Garbage Containers**